

| POSITION                  | INITIALS | ID NO. | DATE   |
|---------------------------|----------|--------|--------|
| FEE DETERMINATION         |          |        |        |
| O.I.P.E. CLASSIFIER       |          |        | 0 5 91 |
| FORMALITY REVIEW          |          |        |        |
| RESPONSE FORMALITY REVIEW |          |        |        |

### INDEX OF CLAIMS

|   |                            |   |              |
|---|----------------------------|---|--------------|
| ✓ | Rejected                   | N | Non-elected  |
| = | Allowed                    | I | Interference |
| - | (Through numeral) Canceled | A | Appeal       |
| + | Restricted                 | O | Objected     |

| Claim | Date | Claim | Date | Claim | Date |
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| 1     |      | 51    |      | 101   |      |
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If more than 150 claims or 10 actions  
staple additional sheet here

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